

Back to the Bedside: Recent Work on the History of Medicine in Canada

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Montgomery's international readership continues to grow with new translations, more critics will want to investigate the qualities in Montgomery's vision that evidently transcend barriers of time and culture.

Though Lucy Maud Montgomery may not become for scholars and critics the comfortable, solid industry she has clearly become for Prince Edward Island Tourism, she will gain more credibility and be given more generous (and meticulous) criticism as more and more is found out about her and as more of her writing is republished or published for the first time. And as she is discussed more openly and fairly, perhaps the new Montgomery critics will be able to ignore with impunity any residual disdain, irritation, embarrassment, or incredulity among their critical colleagues.

ELIZABETH R. EPPERLY

Back to the Bedside: Recent Work on the History of Medicine in Canada

FIVE YEARS AGO IN THIS JOURNAL Wendy Mitchinson offered a diagnosis of the existing body of work relating to medical history in Canada and concluded with a hopeful prognosis. Although the patient suffered somewhat from the rather Whiggish interventions of interested amateurs, a new generation of professional historians was on the scene to nurse the field from infancy to adolescence and to subsequent maturity. Armed with the scholarly insights and techniques of the new social history, and assisted by generous dollops of support from the Hannah Institute for the History of Medicine, this new generation has since set about to investigate medicine and health as it relates to questions of class, power, ideology, and social development. If at times this effort has been impeded by the desire of some people associated with the Hannah to make medical history a preserve of schools of medicine rather than of departments of history, a flurry of serious academic publications has nonetheless emerged during the past five years. No longer threatened by infant mortality, the field of medical history in Canada has reached a healthy adolescence.

The desire to understand health and medicine in its broader social context is evident in a number of recent studies which touch upon the history of specific diseases, the rise of hospitals and asylums, professionalization and the medical marketplace, the changing modalities of treatment and medical thought, the rise of the modern public health apparatus, and the coming of state medicine. Although many of these works give short shrift to the Maritimes, they contain much that will be of value to those interested in health, medicine, and social reform.

Jay Cassel's *The Secret Plague: Venereal Disease in Canada 1838-1939*

(Toronto, University of Toronto Press, 1987), for example, attempts what the author calls a "wide-angle view of the history of VD in Canada" (p. 10). Cassel deals not only with biological and medical issues, but with the social, intellectual, and economic context within which the debate over disease control was rooted. The opening section of the book addresses the nature of the diseases themselves, the state of knowledge about and attitudes towards venereal disease in Victorian Canada, and the early approaches to its treatment ranging from various patent remedies to Salvarsan. From there the author moves into an analysis of the movement for social reform and its relationship to venereal disease control after the turn of the century. In so doing he addresses the shift from voluntarism to state intervention in the fight against VD. Critical to this change was the alarming incidence of venereal disease in the military during World War One: in 1915 28.7 per cent of the soldiers in the Canadian Expeditionary Force were infected. The impulse for reform, Cassel argues, was initially linked to advances in treatment during the first decade of the 20th century. Still, conflicting attitudes among physicians and reformers produced uncertain and divergent responses to the problem. Cassel sees two sides to the reform impulse. The first was the effort of moral reformers to halt social decline and the weakening of the family unit through the suppression of drink and illicit sex. The second was the growing faith in expert management and efficiency. While suggestions of moral reform gradually gave way to the treatment of VD in a non-judgmental public health apparatus, the recent reaction to the AIDS epidemic reveals that many people still equate sexually transmitted disease with immoral conduct.

Unlike venereal disease, the treatment of non-communicable diseases such as diabetes failed to capture the imagination of reformers. Instead, as Michael Bliss demonstrates in *The Discovery of Insulin* (Toronto, University of Toronto Press, 1982), the assault on diabetes was generally confined to the research community, to the efforts of individual scientists, and the interest of private drug companies such as the Eli Lilly Company. Although Bliss could have fallen into the trap of merely celebrating the accomplishments of insulin's discoverers, he does not. Rather he chronicles the tortuous route to its discovery, and the personal rivalries between Frederick Banting, Charles Best, J.B. Collip, and John James Macleod that emerged along the way. The result is an interesting commentary on the nature of scientific research, the relationship of medical discovery to private enterprise, and the creation of popular heroes in the first quarter of the 20th century.

In Bliss's work Frederick Banting emerges not as the brilliant scientist of popular perception, but as a man of somewhat diminished stature. Banting comes under fire for his somewhat shoddy research techniques and for a mildly paranoid suspicion of those who collaborated with him. Indeed, it was not Banting the scientist that ultimately prompted Bliss to write *Banting. A Biography* (Toronto, McClelland & Stewart, 1984), but his enigmatic character.

Unfortunately this is a disappointing biography. Those who have read *The Discovery of Insulin* will find much of the book repetitive; nor does it go much beyond Lloyd Stevenson's earlier treatment of Banting's life.¹

In writing these two books Bliss had recourse to voluminous correspondence, case books, memoirs, and oral testimony. This contrasts greatly with the resources available to M.J. Losier and C. Pinet whose *Children of Lazarus: the Story of the Lazaretto at Tracadie* (Fredericton, Fiddlehead Poetry Books and Gooselane Editions, 1984) addresses the history of leprosy in the North Shore region of New Brunswick. To chronicle the experience of those consigned to the lazaretto the authors use the fictionalized voice of Marguerite Robichaud, a mother of two from Tracadie who contracted the disease and was banished from her community. One theme of the book is that the treatment of these lepers reinforced the disdainful attitude of the English-speaking community of New Brunswick towards the Acadian population. In an age when sickness was equated with sinfulness, ignorance, and filth, the existence of leprosy amongst the Acadians at Tracadie served to confirm Anglo-Saxon feelings of superiority. "What hurt us more than 'la maladie'", says one character, "was the way they talked about us, like we were stupid, like the disease was a punishment for not being able to read or having no water in the house or for not speaking English" (p. 7).

The history of clinical disorders such as leprosy also comprises a substantial section of Charles G. Roland's *Health, Disease and Medicine: Essays in Canadian History* (Toronto, Clarke Irwin, 1984), a collection of 23 essays presented to the first Hannah Conference on the History of Medicine at McMaster University in June 1982. Included are Kathryn McQuaig's discussion of tuberculosis, its treatment, and its relationship to social reform, and essays by William Spaulding and Chuck Roland on smallpox control. In addition, Janice Dicken McGinnis's examination of the lazaretto at Tracadie provides a nice scholarly counterpoint to the Losier and Pinet book. The other sections of this collection deal with medical professionalization, public health, and the medical treatment of women and children. The most interesting of these remaining papers are Sam Shortt's treatment of general practise in Canada between 1890 and 1940, Tom Brown's analysis of the relationship between shell shock and the growing authority of psychiatry as a profession during the First World War, and Wendy Mitchinson's analysis of the medical profession's tendency to regard women's illnesses as products of the female reproductive system. In addition, in an article on the 19th century medical fraternity in Halifax, Colin Howell argues that the growing influence of medical doctors in the Maritimes owed more to their strategy of professionalization and their attachment to the ideology of science than to their developing therapeutic competence.

The growing authority and influence of the medical profession and the social

1 Lloyd Stevenson, *Sir Frederick Banting* (Toronto, 1946).

consequences of medical power have received considerable recent attention. Some of this writing reflects a populist or anti-monopoly orientation. In this vein Ronald Hamowy's *Canadian Medicine: A Study in Restricted Entry* (Vancouver, The Fraser Institute, 1984) outlines the development of medical licensing provisions from their inception to the opening decades of the 20th century. Although there is much useful information included here with respect to licensing, professional organization, and medical education in each of Canada's provinces, the book is marred by its frankly utilitarian and policy-oriented motivation. Published by the Fraser Institute, a research and educational organization whose objective is "the redirection of public attitudes to the role of competitive markets in providing for the well being of Canadians", the book argues that the primary aim of medical professionalization and licensing was the elimination of price competition in the medical marketplace. The problem here is not with the conclusion that price competition has been eliminated, but that the author cavalierly identifies the results of the process with the motives of the profession. This kind of reductionism fails to take into account the faith of the profession in science, its devotion to clinical observation, and the extent to which its authority resided not merely in law but in shared assumptions with those that it treated. It may well be, as Hamowy suggests, that the time has come to address critically the contemporary stranglehold of the medical profession over medical diagnosis and treatment, but such a judgement is no excuse for writing polemical history. In the end Hamowy's book fails because his selective use of evidence — almost all of which resides in secondary source material — implies an unfortunate disrespect for those things in the historical record which are at odds with his *a priori* assumptions.

Paul Starr's *The Social Transformation of American Medicine* (New York, Basic Books, 1982) provides a much more sophisticated analysis of the growth of professional medicine and medical power over the last century and a half. Although Starr's subject is American medicine, there is much in this work that is relevant to Canadian medical historians, and much that by way of comparison helps put our contemporary Canadian medical and health care system into perspective. The first half of Starr's book deals with the consolidation of medical authority between the Age of Jackson and the end of the Progressive era in the United States. In the Jacksonian period a faith in democratic simplicity, common sense, and individual ingenuity occasioned a rather widespread opposition to the claims of the medical profession for exclusive authority. By the Progressive era these self-help assumptions had yielded to a celebration of efficient management and scientific practise. In analysing this change Starr rejects the functionalist view which regards the increase of medical power as a function of advancing professional skills and knowledge. He also criticizes advocates of the monopolization thesis (such as Hamowy) for exaggerating the extent to which the profession consciously set about to monopolize that knowledge. Starr instead locates the growing authority of the medical profes-

sion in the "decline of confidence in the ability of laymen to deal with their own physical and personal problems" (p. 141) that accompanied the development of modern industrial capitalism. Although Starr tends to underestimate the role doctors played in encouraging that crisis of confidence, his analysis reveals an appreciation of the complexity of the past and a disdain for those who see medical professionalization simply as a callous and coercive movement imposed upon an inarticulate and ignorant public. "The triumph of the regular profession", Starr writes, "depended upon belief rather than force, on its growing cultural authority rather than sheer power, on the success of its claims to competence and understanding rather than the strong arm of the police". In Starr's opinion, to regard the rise of the profession as coercive "is to underestimate how deeply its authority penetrated the beliefs of ordinary people and how firmly it had seized the imagination even of its rivals" (p. 229).

The second half of Starr's book deals with the development of the modern American health care system. More particularly it addresses the failure of the health insurance movement in the United States and the concomitant emergence of the modern corporate health services industry. Starr traces the extent to which supporters of a state-operated medical insurance program (whose influence was at its peak during the Progressive era and during the late 1930s and 1940s), confronted proponents of free enterprise capitalism who denounced supporters of health reform as agents first of German statism and subsequently of Soviet Communism. The opponents of health insurance triumphed, Starr argues, not because of the extent of their popular support, but because of their resources. Indeed, the most powerful economic interests in society were opposed to state health insurance. Even the National Civic Federation, a reform-minded organization established before the First World War and committed to the rehabilitation of American capitalism, joined the American Medical Association and private insurance companies in opposing the scheme. The end result of this powerful opposition is a modern health care system which is increasingly preoccupied with profit-making, a system in which health care planning is giving way to health care marketing. "The failure to rationalize medical services under public control", Starr writes, "meant that sooner or later they would be rationalized under private control. Instead of public regulation there will be private regulation, and instead of public planning, there will be corporate planning" (p. 449). The implications of this development are obviously destructive for those unable to pay for medical services, for those wanting public accountability in health care, and for those interested in the protection of patient rights.

What Starr has done in explaining the evolution of the contemporary system of medical and health care in the United States, David Naylor has done for Canada. Naylor's *Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance, 1911-1966* (Toronto, McGill-Queen's University Press, 1986) is a carefully crafted analysis of the development of a compulsory

health insurance program in Canada. Like Starr, Naylor surveys the medical profession's shifting attitudes towards state health insurance. Although support for such a scheme waxed and waned over time, Naylor finds a consistent commitment on the part of the various provincial colleges of physicians and surgeons, provincial and local medical societies, and the Canadian Medical Association to the provision of medical services on a fee for service basis. The tactics of this powerful lobby, Naylor argues, were connected to the ideology of medical professionalism which assumed an identification between the interests of the profession — particularly its autonomy with respect to clinical and surgical decision making — and the broader public interest. Naylor questions whether such an identity of interest exists, concluding as Eliot Friedson has done that the medical profession's commitment to autonomy reveals "a narrow professional perspective that is not always conducive to optimum public policy formulation" (p. 257).

Common to the Hamowy, Starr, and Naylor books is a preoccupation with the issue of interest group influence. While on the surface this might seem an unobjectionable concern, the fact is that this orientation tends to obscure the role that the medical profession played in the continuing process of capitalist rehabilitation. Indeed, more is involved here than the exercise of interest group power. The emergence of state health insurance in Canada and its defeat in the United States also raise questions about the ways in which the existing order is legitimized and the hegemony of the ruling class is secured.

Why is it that the issue of class formation is so often ignored when looking at contemporary medical history? One reason may be that the relationship between medical professionalization and class interest is easier to discern when dealing with the late 19th and early 20th century than with our own time. Modern welfare state capitalism with its dependence on the benevolent scientific expert who dispenses important social services to people of all classes often operates in a manner that obscures the fact that history continues to be shaped in class ways. Nevertheless, as Starr's book implies, when public rationalization failed and as corporate rationalization of medical care in the United States gradually emerged, divergent class interests increasingly intruded upon the public consciousness.

In the 19th century, medical professionalization was linked to the reordering of society through the application of modern practices of scientific management and efficiency to the social system. If doctors increasingly genuflected at the altar of science, however, they were also bedeviled by continuing deficiencies in medical therapeutics. In *American Medicine in Transition* (Urbana, University of Illinois Press, 1981), John S. Haller Jr. sees the 19th century medical profession as divided and confused, distrustful of sectarian ideas but willing nonetheless to absorb them, and not yet certain about its relation to modern science. Haller outlines the debate over therapeutics, particularly the use of venesection, and the profession's reliance on an aging materia medica despite

advances in scientific knowledge and medical understanding. But out of this confusion and uncertainty there emerged a commitment to relevant scientific methods of observation which in the longer term contributed to the triumph of the medical profession over its competitors. Moreover, this belief in scientific medicine dovetailed nicely with the assumptions of progressive reformers such as Abraham Flexner who on behalf of the Carnegie Foundation attacked "free enterprise" or proprietary medical schools and suggested that the power of the state be enlisted to ensure that medicine serve the public interest.

The changing character of therapy and its relationship to medical professionalization is also the subject of John Harley Warner's *The Therapeutic Perspective. Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge, Harvard University Press, 1986). Warner shows how the changing nature of therapeutics in the 19th century also impacted upon the doctor's identity. In the first half of the century medical treatment involved a shared understanding and approach to disease by the doctor and patient and was directed towards the relief of specific symptoms. Gradually this therapeutic approach gave way to practises which minimized differences between patients and objectified disease. By the mid-1870s doctors were less interested in the idiosyncracies of individual patients, and increasingly gave their allegiance to scientific knowledge and universalized diagnostic and therapeutic categories. With respect to bedside practise this meant a diminishing emphasis on clinical experience and a greater concern for the application of knowledge. As many Canadian and American physicians attempted to reconstruct medicine on the basis of scientific or laboratory investigation "the practitioner of 'owl-like countenance' whose prestige came from years of experience was less emulated...than the man of science" (p. 262).

The ascendancy of this new ideology of science in the last half of the 19th century enhanced the significance of the hospital as an authoritative source of medical knowledge. Unfortunately, as Sam Shortt has pointed out in his historiographic lament on the writing of hospital history in Canada,² the histories of these institutions have usually been celebratory, recounting the triumphs of the institution and those associated with it. One exception to this rule is Normand Perron's *Un Siècle de vie hospitalière au Québec: Les Augustines et l'Hôtel-Dieu de Chicoutimi* (Sillery, Québec, Presses de l'Université du Québec, 1984). This is in some ways a history of two hospitals in two ages. The first was the traditional charity hospital in Chicoutimi run by the Augustinians with their Christian commitment to charity and service; the second was the modern technological hospital, a product of the "industrialization" of health care. Critical of modern medicine for its lack of humanity, Perron sees modern hospitals as industries, health care factories providing services to a

2 Samuel E.D. Shortt, "The Canadian Hospital in the Nineteenth Century: An Historiographic Lament", *Journal of Canadian Studies*, 18, 4 (Winter, 1983), pp. 3-14.

society of medical consumers.

My own forthcoming study entitled *A Century of Care: A History of the Victoria General Hospital in Halifax 1887-1987* (Halifax, Victoria General Hospital, 1988) pursues similar issues in an attempt to chronicle the transformation of the Hospital from a charity institution for the sick poor to a technologically sophisticated instrument of the modern social service state. At its inception as the Halifax City Hospital in 1859 this institution served a clientele suffering from poor nutrition, squalid living conditions, and devastating impoverishment. By the 1880s, however, it was becoming increasingly clear to the medical profession that its search for public confidence was being frustrated rather than facilitated by an institution that provided care only to those on the margins of society. Reform of the Hospital followed, a nursing school was established, and medical individualism gave way to standardized techniques in medicine and therapy. The result was a Hospital more attractive to patients of elevated class backgrounds.

The changing character of the Hospital also revealed the shifting social rationale of the medical profession over time. In the 19th century doctors had regarded the Hospital both as a source of clinical experience and as an indication of the profession's charitable inclination. Both science and charity, doctors hoped, would help win the allegiance of a public suspicious of their claim to authority. Gradually, the profession divested itself of its charitable moralism in favour of the turn of the century gospel of science and efficiency. With the emergence in the 20th century of the modern social service state, the Hospital — like other important social institutions — became an important bulwark of the existing order. Not only did it provide care to people across class lines, but also through its commitment to social and mental hygiene tried to ensure greater class harmony and social stability. What the Hospital could not do, of course, was to eradicate the social conditions that remain the source of many of the afflictions that it comes to treat.

Just as the history of the Hospital was shaped in class ways, so was the asylum. Sam Shortt's *Victorian Lunacy. Richard M. Bucke and the Practice of Late Nineteenth Century Psychiatry* (Cambridge, Cambridge University Press, 1986) provides a subtle treatment of the social construction of psychiatric knowledge and the ways in which the 19th century asylum confronted what were regarded as the "dangerous classes". The vehicle for this study is the career of Richard M. Bucke, the eccentric asylum superintendent of Ontario's London Asylum, who considered the asylum as a place where the narrow limits of medical knowledge could be expanded to encompass current philosophical conceptions of mind. Shortt's treatment of Bucke leads him into a discussion of degeneracy theory, the notion of hereditarian predisposition to insanity, and prevailing ideas about sexuality, which tended in the seemingly value-free language of modern science to legitimate existing class and gender relationships. In addition, Shortt shows how Bucke as asylum Superintendent — like many of his contemporaries — lost

much of his medical identity as he became burdened by administrative detail. As was the case with the class exclusivity of the early general hospital, the asylum's poverty stricken clientele and custodial character operated to limit the authority of psychiatry in the larger social order. Gradually, psychiatry would escape the confines of the institution and attempt to speak to the concerns of those beyond its walls.

Class concerns also played a significant role in the debate over fertility that accompanied the declining birth rate in late 19th and early 20th century Canada. In *The Bedroom and the State. The Changing Practises and Politics of Conception and Abortion in Canada, 1880-1980* (Toronto, McClelland & Stewart, 1986) Angus and Arlen Tigar McLaren place this debate in the context of the sexual, social and political power relations of the broader society. What follows is a wonderfully holistic treatment of the ways in which the fertility issue connected to notions of racial purity, female emancipation, the rights of labour, the marriage relation, and the nature of class conflict. The McLarens analyze the different orientations of socialists and maternal feminists with respect to birth control, the eugenicist presumptions of neo-Malthusians who wished to limit the fertility of the working class, the divisions on the left with respect to the birth control question, and the role of reformers such as Marie Stopes and Margaret Sanger who steered a middle course between the gloomy Malthusians on the one hand and socialists and sexual radicals on the other. Finally, the authors address the shift of responsibility for birth control from voluntary associations to the public sector which accompanied the emergence of a consumer oriented society based upon increased female participation in the workforce.

These recent studies reveal the extent to which the social history of medicine extends beyond the mere history of disease and its treatment to involve questions of class, power, and ideology. As of yet historians in the Maritimes have not given as much attention to these concerns as is evident elsewhere. But this is changing. Douglas Baldwin's writing on public health reform in Prince Edward Island and Cheryl Krasnick's work on alcoholism and its treatment in New Brunswick are examples of a growing interest in this field. In addition, graduate students are beginning to enter the medical history field. Michael Smith's work on the relationship between ideas about the body and the changing nature of 19th century capitalism, Sheila Penney's work on tuberculosis and its treatment, and Kathryn McPherson's study of nursing in Halifax, for example, all have helped to broaden our understanding of Maritime medicine.³ Perhaps if the state of medical history in Canada receives another check up five years from now, the verdict will be that the patient has graduated from adolescence to

3 See for example Michael Smith, "Graceful Athleticism or Robust Womanhood: The Sporting Culture of Women in Victorian Nova Scotia, 1870-1914", *Journal of Canadian Studies*, 23, 1 (forthcoming); Sheila Penney, "Tuberculosis in Nova Scotia, 1882- 1914", M.A. thesis, Dalhousie University, 1985; Kathryn McPherson, "Nurses and Nursing in Early Twentieth Century Halifax", M.A. thesis, Dalhousie University, 1983.

mature adulthood and that work on the Maritimes has contributed to that maturation.

COLIN D. HOWELL

George Nowlan and the Disparity of Regionalism

THE NOWLAN FAMILY HAVE NO REASON to regret their choice of biographer for George Clyde Nowlan, 1898-1965. Sensitive to her subject's Maritime origins, Margaret Conrad has drawn a sympathetic, though not uncritical, portrait of the popular Conservative Member of Parliament for Digby-Annapolis-Kings. Her book, *George Nowlan: Maritime Conservative In National Politics* (Toronto, University of Toronto Press, 1986), is also an informed and perceptive case study of the politics of regional disparity, a cause close to the heart of George Nowlan.

The Annapolis Valley, with its strong tradition of individualism, local government and congregationally governed churches, has produced more than its share of prominent Canadian politicians — Sir Frederick Borden, Sir Robert Borden, James Lorimer Ilsley — including George Clyde Nowlan, who came close to becoming Prime Minister of Canada during the turbulent last days of Diefenbaker's administration. Of the Valley's four native sons only Sir Robert Borden has received any serious scholarly attention, the man least rooted in the area. In contrast the political career of George Nowlan, born at Havelock, Digby County in 1898, of a prominent local family, active in the economic, religious and secular life of the community, was shaped by the claims of his Valley constituency, which he never outgrew.

Religion is a case in point. In Wolfville, the intellectual centre of Maritime Baptists, where the family purchased a 23 acre farm in 1911, the Nowlans became active members of the local Baptist church, increasingly under the influence of the social gospel. Here, and at Acadia University, where George Nowlan enrolled in an Arts Programme in 1915, Nowlan encountered the social gospel's call to social action, to assist society's poor and disadvantaged. In the inter-war period Nowlan not only defended the embattled liberal Baptist Convention from the assaults of its conservative, fundamentalist assailants, but he developed a more than passing interest in the Co-operative Commonwealth Federation's programme, whose social commitment seemed but a secular version of his religious sympathies, a philosophy closer to his personal inclination than the arid doctrines of his own party, stultified by political power and the Great Depression.

The Conservative Party had not always been so devoid of solutions to the region's economic ills as it appeared in the early 1930s. In 1925 Nowlan, a